Mike Hennessey,
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30 April 2015

Dear Mike

Bristol City Council
Regional Adults Social Care Challenge Corporate Peer Challenge
Mental Health Act Services
24-26 February 2015

On behalf of the peer team, I would like to say what a pleasure it was to be invited to Bristol to deliver the recent peer challenge as part of the Regional arrangement delivered in partnership with SW ADASS and the LGA.

Peer challenges are delivered by experienced elected member and officer peers. The make-up of the peer team reflected your requirements and the focus of the peer challenge. Peers were selected on the basis of their relevant experience and expertise and agreed with you. The peers who delivered the peer challenge at Bristol were:

- Terry Dafter-Director of Adult Services, Stockport Metropolitan Borough Council
- Steve Chamberlain- AMHP(freelance)
- Dr Paul Williams- NHS Hartlepool and Stockton-on-Tees CCG
- Cllr Keith Cunliffe-Cabinet Member - Health and Adult Services, Wigan Metropolitan Borough Council
- Jane Taylor, College of Policing
- Mathew Page-Deputy Director of Operations, AWP Mental Health Partnership NHS Trust
- Paul Clarke-Challenge Manager, LGA

1. Scope and focus of the peer challenge

You asked the peer team to play particular attention to the 'crisis point' of your Mental Health Act Services and in doing so address how you and your fellow stakeholder organisations manage key elements of that, specifically:

- From identification of crisis,
- to the referral through the assessment,
- to the point at which the person is accommodated or not detained

Additionally, through our challenge in relation to the above you also asked the peer team to comment on whether the processes within the system are fit for purpose

We hope the feedback provided, which is structured to address the areas you wanted us to focus on, will help Bristol City Council (BCC) and your partners build upon your self- evident strengths and stimulate your future plans.

2. The peer challenge process

Our Regional Peer Challenge is not an inspection. Instead it offers a supportive approach, undertaken by friends – albeit 'critical friends'. It is designed to help an authority and its partners assess current achievements and areas for development, within the agreed scope of the review. It aims to help an organisation identify its current strengths, as much as what it needs to improve. But it should also provide it with a basis for further improvement in a way that is proportionate to the remit of the challenge. All information was collected on the basis that no comment or view from any individual or group is attributed to any recommendation or finding. This encourages participants to be open and honest with the team. The Peer Challenge Team would like to thank councillors, staff, people who use services, their carers and other partners for their open and constructive responses during the challenge process. The team was made very welcome.

The peer team prepared for the peer challenge by reviewing a range of documents and information in order to ensure they were familiar with the Council and the challenges it is facing.

This letter provides a summary of the peer team's findings. It builds on the feedback provided by the peer team at the end of their on-site visit. In presenting feedback to you, they have done so as fellow public services officers and members, not professional consultants or inspectors.

3. Summary of feedback: overall observations and messages to help you improve

Bristol City Council (BCC) and its key partners have a real appetite to improve the experience of those people who access their mental health services. These ambitions are palpable. The partnership arrangements are strong and progressive.

The partnership is using the Crisis Concordat (CS) as a driving force for change and improvement. This is a clear manifestation of the multi-agency commitment in Bristol to work together to improve the quality of response when people with mental health problems urgently need help. An action plan is in place with a range of key commitments and outcomes, many of these are referred to within this letter and we can see they are already leading to improvement.

There are of course a range of issues within the system that remain problematic and have a negative impact upon the way people access Mental Health Act services. As peers working within the system ourselves we recognise these challenges within our own localities and emphasize here that many reflect national challenges and are not particular to Bristol.

What was refreshing from our perspective as a peer team is that as your partnerships mature, it was our view that you will seek to tackle these as openly, honestly and as effectively as you can in partnership. The commentary that follows we hope will help you further develop the ambitions within your CS action plan.

Each of the agencies we spoke to who are involved in the system has sought to improve their workflow systems using a range of very positive approaches. This is positive. We felt a next step was for you to collectively apply this across the spectrum of your key areas for improvement within the CS, from commissioning to recovery and seek to ensure real synergies are achieved. We know you undertook a mapping exercise in advance of the challenge charting people's progress through the system and it seemed to us this type of approach scaled up would provide key learning.

We heard about the profile of people detained on s136's. It struck us that a risk stratification approach would be a positive step in how the agencies could support those people in crisis and the workers supporting them. We thought this would allow you to target and manage your resources more effectively.

We accept that the issues of ensuring the availability of s 12 doctors is not particular to Bristol, but we would advise that you explore as purposefully as you can how to improve their availability.

We were really impressed with the Liaison Psychiatry service at the Bristol Royal Infirmary (BRI). It is clear to us that the recent extension to this service was a progressive step. It provides a further important and key route of access to help for people in crisis. An observation from the team is whether the potential exists to extend

this service beyond the BRI. This is about breadth and also appropriate points of access.

We completely understood the rational for the changes you made to the social care roles 2-3 years ago. Indeed your approach has provided a solid foundation and security in terms of the provision of service. This was very important. We now raise the issue about whether you could explore further how you could develop that social care role as you try to manage an integrated service response to people at the point of mental health crisis. Otherwise there is a risk that from a strategic and operational perspective social care will not play the full and important role it needs to in this priority area.

We had limited opportunities for user and carer engagement in the challenge but we know it is something you really want to improve on further. The powerful letter you read out at the outset of the challenge from the mother of a person who had accessed the services and tragically died was testament to that. That resolute focus on improving the experience and outcomes for people who use your services and for their carers we know will be at the forefront of your plans and is clear in the CS. We did hear from some people who were very supportive of the services in Bristol and particularly positive about the role of users and carers in the letting of contracts and the drawing up of service specifications. This was a particularly encouraging and we got the impression that user and carer engagement would become a preoccupation for you and the peer team would endorse this

The Bristol City councillors we spoke to were real advocates for the mental health services system and were keen to have more purposeful oversight and positive engagement. Through their governance and community leadership roles you could look at how best this might be best achieved and the insights and benefits for service users and the community which might result.

We were aware that there is currently no service in Bristol for people with a diagnosis of borderline personality disorder, and mainstream adult mental health services frequently do not have the expertise to work with people with needs associated with this condition. People with severe personality disorders can make disproportionate demands on services, particularly if the services are unable to respond effectively. We believe consideration could be given to establishing a service which would be able to respond more effectively to this group of service users.

We raised the question of the duty of the CCG under section 140 Mental Health Act to give notice to the local social services authority specifying the hospital or hospitals administered by or otherwise available to the CCG in which arrangements are in force for the reception of patients in cases of special urgency. This duty is of particular relevance given the widespread difficulties in accessing acute psychiatric beds to enable admissions to hospital in crisis. There is evidence that this duty is not well

understood by CCG's nationally, and we believe that further discussions with the local commissioners will assist in the planning for bed availability.

We found the appetite for improvement through experiential learning was clear from all stakeholders. We recognise the logistical difficulties of organising busy practitioners from different agencies to come together. A clear message from them though was the importance of spending time around feedback and learning on difficult cases in a dynamic way so challenge, trust and improvement amongst practitioners grows.

Our final observation in this section of the letter is posed as a question. Is the crisis line core to the crisis service role? We fully appreciate the reasons why this was done but it does mean very skilled practitioners spend a very significant time on first line calls from a very broad client base when perhaps their skills would be most valuable with those people who are really at that crisis point.

The four sections that follow address the key elements you asked us to provide specific challenge upon and provide additional detail to the findings within this section. They are presented here as separate strands but inevitably there are many overlaps between each and in presenting this we have sought to balance the summarizing of key issues whilst minimizing repetition between strands where possible.

3.1 From identification of crisis

When a person is experiencing a mental health crisis, it is important that they are kept safe, while an assessment is made of their needs. Section 136 of the Mental Health Act can play a key role in these emergency situations. The Act sets out when and where a person can be removed to a place of safety.

We saw many examples of tangible improvements that the partners who own that crisis concordat (cs) action plan had helped to bring about. Our view is that the changes already put in place and those which are planned, if managed in a co-ordinated way, will improve the ways in which people who are at this critical crisis point are now better served than they had been previously.

An example of this is shown in the way partners are really willing to try new and different approaches to see what works best and to that end the trialling of a street triage model from Sept 2015 is a very welcome development to the service. In trialling this it will also be very important to establish and where possible ensure that the expectation of the service from all stakeholders are realised. If successful the team will lead to more timely intervention and avoid unnecessary detention for people at the point of crisis. As such it has the potential to be more effective for users and more efficient in cost.

Everyone we spoke to during our time in Bristol told us about how important the Mason Unit had become as a place of safety since it opened in February 2014. It has diverted many but by no means all of the number of s136 detentions of people in police custody and become a core aspect and focus for improving the experience of people accessing services.

We were very impressed with the Liaison Psychiatry service at the Bristol Royal Infirmary (BRI). Again the staffing times and numbers have both increased and this has created a further opportunity for people in crisis to access quickly and effectively as one stakeholder told us ‘a proper front door of support for those who need help’

The Crisis Team has undergone some significant changes in recent times and there is a renewed focus upon improving the levels of staffing within that team and how most effectively those additional resources are deployed. This is very positive and at the time of our visit these changes were just beginning to be bedded in. The intention is focussed on providing immediate and appropriate support to people in emotional crisis and in doing so ensure that support is matched to their needs, targeted at resolving current difficulties and reducing recurrence. We heard about recent changes in terms of targets being set for this updated hub and spoke service with mental health emergency assessments seen within an hour as a performance target.

We had the opportunity to visit one of the Crisis Houses. There are currently two and a potential third is to be established. A short term (month) place for people at that crisis point is invaluable with support systems in place and key workers to help. That intensive focus on helping people increase their own capacity for understanding and managing their mental health and developing their resilience is a key element of this service.

All of the above really does bode well and exemplifies a significant intent to improve. A key observation that we make here and will reflect a key suggestion for you to address was a not infrequent lack of clarity of people at various levels who worked within your system about the range of existing or planned developments above and how they could use that knowledge to even more positively impact upon the outcomes for people using your services. This is effectively the litmus test challenge of communication across the system and not just within individual organisations. We believe it is something you would gain benefit from working upon.

The CS action plan makes reference to training and development. Again this is very positive. In line with our observations above we believe knowledge, understanding and improvements within the system will be realised by a strong focus on multi agency training and development and this core area of identification of crisis could be a perfect opportunity to test this out, both slow time learning and dynamically too, just after difficult cases had happened. Coupled to this an important by-product will be a greater understanding of roles and expectations between organisations and

practitioners within the system. For example, we came across staff in some agencies that were unaware of the breadth of responsibilities of the crisis team in full and others not fully recognising the approach to risk that the front-line Police officers will feel they need to take in their dealings with people in crisis.

That understanding at practitioner and organisation level is also reflected in sometimes inconsistent and occasionally contradictory written protocols and working practices. In our view these need revisiting and making more realistic. A good example might be of the written expectations about the ambulance service provision. The written protocol suggested a level of service that in reality didn't occur, specifically utilising a paramedic unit to transport people. Although we did not have the opportunity to meet with colleagues from the ambulance service we did hear that those written expectations within the protocol need revisiting. This was one example of several.

In preparation for the peer challenge we know you gained a rich amount of data from a mapping exercise you undertook about people accessing services in a week in January 2015. We also saw you beginning to highlight how you were using some key information about, for example, who was using the services and how frequently. Such information is already helping you and we would urge that greater use of a collective Intelligence tool(s) and analysis needs developing so that you can organise yourselves to meet needs and really get beneath trend data.

In relation to the above it would be worth taking a good look at the timeliness of assessments both out of hours and in hours. Practitioners told us of a range of issues that had impact upon this. These included availability of S12 doctors and AMHPs, access to core professional advice and senior management availability. The point being made is that a review of some critical 'pinch points' as one practitioner called them will reveal causes of delay. Your job then will be to see how you can manage your limited resources to maximum effect.

We were told that on occasion people were being detained for their own safety but without a mental health assessment. Essentially this was voluntarily being detained but we would just advise you to look again at these instances and be clear that you review the potential for possibly unlawful detention.

During our time with you we did hear about the potential availability of private security arrangements as part of the system. These had been introduced as measures to essentially safeguard practitioners engaged in the system. This was acknowledged as being supportive and we heard that the attitude and engagement of such staff was very professional. However, again many practitioners didn't know if and when they might or personally ever would call upon the resource. Again an opportunity to revisit this exists.

3.2 to the referral through the assessment

The team were particularly interested in this area being very aware of the importance of ensuring a speedy and comprehensive response to requests for assessment. People are at their most vulnerable during this period and an effective inter-agency response can mitigate the risk of inappropriate outcomes for people in crisis.

Our first observation here was how very impressed we were with the senior AMHPs and how effectively they triage referrals. It is evident that their role within the process is professional and timely. They are a small but wonderfully dedicated group overseen by a very committed senior operational manager. Again in response to service demand the level and breadth of AMHP provision has increased with some dedicated practitioners enhancing the 23 AMHPs who continue to work on a rotational basis drawn from teams across council. The team also has access to further 5 sessional AMHPs who work on an ad hoc basis.

We have already made reference to:

- The s136 suite as a really important and positive development within the service. We heard that it is universally welcomed and is significantly reducing numbers of people who would have otherwise ended up being taken into police custody: in some respects it is a victim of its own success and it is apparent that the recent increase in referrals is partly because of its strength as a place of safety
- Likewise there is the very positive experience of Liaison Psychiatry team at BRI
- The on-going development of the Crisis Service and the street triage pilot scheduled
- The newly commissioned range of preventative services that should begin to offer real alternatives to admission

We heard of a range of multi-agency policy development for s136. This was very encouraging and we would urge all partners to use the concordat as the forum to develop these and ensure the new range of services are involved in their development.

There are areas that we felt you could reflect upon to finds ways to improve what you do. We did hear about long delays occurring when people were referred and going through to assessment. This clearly impacts upon service users and exacerbates crisis.

In relation to the above point you clearly need to try to improve your availability of s12 doctors as if you don't this will simply exacerbate the delays already referred to. We

didn't hear how you had tried to address this recently. This may have simply have been the limitations of our time with you but a plan about improving this would be beneficial.

An observation from the team was that where possible you could look to improve the availability of professional(s) who know the person in crisis as part of assessment. It did strike us that we heard that practitioners in the crisis team were very familiar with people who often accessed services but their knowledge and expertise wasn't always being called upon as systematically as it could be.

It was also apparent that there was a lack of knowledge amongst some of the practitioners regarding the new services that were currently being commissioned and how they could be accessed. As suggested already a communication exercise should be undertaken to ensure everyone is made aware of the new provision and how the different elements fit together.

One practitioner called the Mason Unit an 'assessment ward'. It seemed to us that it would be useful to look to how you are managing the throughput of the unit and whether people being admitted really should be there. We heard several examples of people being there to simply as one person described it 'essentially sober up' and then either be assessed or go home. It is important that the people who really need support get access to the Mason Unit and this will help those most vulnerable spending unnecessary time in police cells.

We know the Police are planning some specific training around this whole area and we have already made reference to the opportunities that multi agency development can offer. We did also wonder if there was there was the potential for a link person in Police to help co-ordinate community assessments. It struck us that the Police officers we met were very committed to ensuring the safety and well-being of people in crisis and that discussions with them about the potential for such a role would be beneficial.

Likewise we were also told that the Crisis Team were not always called upon or when they were always available to ensure that a most effective process was undertaken. Again this has led to both delays and sometimes potentially inappropriate admissions. We believe with the new resources and focus on the crisis team the time is ripe to review how you can maximise their impact on the assessment process as alternative to admission.

The AMHPS are clearly a committed and resourceful group of people. They are a credit to BCC. They really do value the development they receive and the opportunity to share practice and focus on improvement. As with the senior AMHPS some of them felt that they did not always have complete 'line of sight' on the full range of mental health resources within the system that they could usefully call upon or consider when

supporting people in crisis. Moreover, some staff felt the move from teams integrated with AWP into area teams had reduced their expertise to practice.

It is not for us to comment upon the suitability of your accommodation. We know very well that this is a key issue for BCC and no doubt all partners in this system and you are making massive strides to rationalise and improve. An observation from us is that the working environment for AMHP duty office gave us some concern and in particular the issues to do with confidentiality and privacy for more than one client group.

3.3 to the point at which the person is accommodated or not detained

The decision to accommodate the person in hospital (either informally or using compulsion of the Mental Health Act), or alternatively to provide alternative care and support, is a highly pressurised and often traumatic part of the process. It involves a range of professionals and agencies and requires complex coordination, led by the AMHP but also needing active cooperation of a number of other professionals. The effectiveness of this collaboration will contribute to an effective assessment and maximise the opportunity of achieving the least restrictive alternative, as required by the Mental Health Act Code of Practice.

We were very impressed with, as we have already said, the range of facilities you have, those in development and those you aspire to. The Mason Unit is one of these. It is new and from our observation a very good standard and provides an excellent alternative to a police cell.

In this letter we have remarked upon the committed of staff but also we wanted to reflect the experience of staff too. We found time and again very able people with significant knowledge and expertise working for the benefit of the Bristol community. That level of expertise and understanding gave us the impression that good decisions took place at what are very difficult times for those accessing services.

The stories we heard about the impact of follow-up services were mixed. Sometimes we were told that the range and intensity of services was impressive. For example, the Crisis House in Bristol which is well used and there are plans to develop further houses. However, there appeared to be some lack of up to date knowledge of availability of places at the house, which is vital for professionals who may wish to use it for a service user to avoid admission to hospital. In other meetings with stakeholders we were told about unsuccessful or unclear follow up plans and as a consequence poorer outcomes. This begs questions of you that you should spend time reflecting, learning and improving on.

There are clearly ways in which you would want to improve. Specifically we saw that the length of stays for some people whether in police custody or at a place of safety where frankly too long and the impact this would have on people accessing services would have been unacceptable as a result. This is an area where you should pay particular attention if tangible improvements are to be made.

A core question for you is in relation to your expectations of the range of services and availability of people and access to resources out of hours. We were told that as one stakeholder put it 'Advice and support out of hours is patchy'. This isn't a blanket statement about a stepped down service in operation but a suggestion of variable expectations for people accessing services and those working within the system. We felt you should be very clear about what people can reasonably expect to access in terms of support out of hours and hold yourselves to account for delivery against this. We read about time standards in terms of response but then heard they were not always being adhered to. This begs questions in relation to both risk and realism.

A national problem we know but the availability of beds is an on-going issue for this system. Importantly it would be worthwhile reviewing your protocols and policies in this area and assess whether the time periods people are detained in a hospital/ward setting are to the standards you would expect of your service.

3.4 Whether the processes within the system are fit for purpose

You asked us to look at this area as you saw it as the crucial spine to the most effective way of managing your system. It impacts upon effective outcomes for users, their carers and for the efficiencies of you as stakeholders in the delivery of the system.

Clearly you have a range of sound systems in place. Where there are gaps or the potential for them you are keen to address them. As a starting point that is good. As an ending point a system wide range of effective processes working to the individual and collective benefit of people accessing your services and systems known, understood and collectively adhered to is where you want to get. You are not there yet.

You have some solid foundations to build upon. The professionalism and positivity of staff allows you to flex around sometimes cumbersome processes and get the right outcomes in spite of them and in truth we heard quite a bit of this during our time.

A real boon is that AWP is now acting as 'system leader' for this system. It should allow for greater clarity, transparency, focus and accountability and this we fully support. We hope that this model will see a greater emphasis on partnership working,

shared decision making and ultimately improved experience of service users who are all too familiar with the problems a pathway with multiple transition points can create.

As we have already said, due to the resourcefulness of staff and there experience we heard of many examples of good outcomes based upon effective local co-operation. Practitioners working effectively together are a real boon and where you can the opportunity to learn from this about how processes both hindered and helped directly from them would be an important step to tackling this positively.

The ownership and overview you now have of the system based upon the really encouraging CS action plan and stakeholder commitment to it which is evident through the delivery of many actions is clear. Whilst all this is a strong base for improvement the opportunity of revising and updating the crisis concordat in the light of this challenge will only serve to embed system co-operation.

As part of this we saw the real potential to develop knowledge and empathy around each other's roles. We facilitated a multi-agency staffing session as part of the challenge and focussed on some potential scenarios and discussed with the range of practitioners in the room how they would tackle things at various stages. What was brilliant from that session was the engagement and positivity from staff to help the people in crisis and help each other in the system. What was evident was that there were times when people supporting those in crisis did not either know or agree what needed to happen next. As we have outlined more of such development discussions will help.

We have spoken about the clear commitment of councillors to the system as a whole and their positive engagement in the peer challenge. The opportunities for enhancing member oversight would be welcome we feel and discussions with them about how that happens to best effect would be worthwhile.

We did not have sufficient opportunity to explore with you on site how you are progressing with a coherent system workforce plan. We have highlighted pinch points, staffing pressures and resource allocations. It struck us that the next really progressive step would be to develop such an approach across the agencies as a whole. This would make your staffing and its deployment more robust.

We simply repeat here what you told us in relation to IT. There are a range of issues that all partners are facing around both strategic and local enhancements to IT. It would be most useful to explore this further in your CS action plan. Likewise the range of protocols, policies and SLAs that all underpin the management of the system we feel need review, refresh and be made realistic. Then you can really use them to drive improvement.

. **Key suggestions and ideas for consideration**

The peer team developed some suggestions for you to consider. These are based on what we saw, heard and read and we fed the list below back to you at our feedback session on the last day. Drawing on our experience of the sector and knowledge of local government improvement, the following are things we think will help you to make best use of your skills and experience, deliver some quick wins, and develop the strengths you will need to see your change agenda through:

- Consider implementing further multi agency development and training specifically:
    - around system and processes: e.gs 'Lean', appreciative enquiry, process/feedback
- Review your communication protocols across the system both for users, carers and staff
- Pay particular attention on how you manage to best effect those people who are repeatedly detained on s136
- Explore how to improve availability of s12 doctors
- Consider how you can progress further the most effective use of the social care role in the system
- In line with your Crisis Concordat Action plan consider ways through which you might enhance the opportunities for user and carer feedback
- Consider exploring approaches to Borderline Personality Disorder service
- Explore options to enhance member oversight and engagement
- Further explore with the CCG MHA s140 duties to improve access to local acute beds when required
- Consider the spread/coverage of Psychiatry Liaison service
- Find ways of building in dynamic feedback and learning around difficult cases with practitioners and use this to improve service provision
- Consider whether the crisis line is or should be core to the Crisis Service role?

Next steps

You will undoubtedly wish to reflect on these findings and suggestions made before determining how the council and its partners wish to take things forward. As part of the peer challenge process, there is an offer of continued activity to support this.

We discussed a further development day with you and your partners later in the year to focus on the main suggestions for improvement arising from the challenge and outlined in this letter. I will discuss and plan this with you and we

will utilise some or all of the peer challenge team to work with you to facilitate that session.

In the meantime we are keen to continue the relationship we have formed with you and colleagues through the peer challenge to date. We will endeavour to signpost you to other sources of information and examples of practice and thinking in relation to the areas of improvement we have raised. I will liaise with the other team members for their views and suggestions, as well as other colleagues in ADASS and the LGA.

I have included the contact details for Andy Bates who, as you know, is our Principal Adviser (South West). Andy can be contacted via email or telephone at andy.bates@local.gov.uk (07919 562849). He is the main contact between your authority and the Local Government Association. Hopefully this provides you with a convenient route of access to the Local Government Association, its resources and any further support.

All of us connected with the peer challenge would like to wish you every success going forward. Once again, many thanks to you and your colleagues for inviting the peer challenge and to everyone involved for their participation.

Yours sincerely

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On behalf of the challenge team